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CONFIRMATION NO. 6669

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| <b>SERIAL NUMBER</b><br>10/777,096   | <b>FILING OR 371(c) DATE</b><br>02/13/2004<br><b>RULE</b>   | <b>CLASS</b><br>382              | <b>GROUP ART UNIT</b><br>2624   | <b>ATTORNEY DOCKET NO.</b><br>NIT-410 |                                |
| <b>APPLICANTS</b><br>Shigeki Nagaya, Tokyo, JAPAN;<br>Seiichi Hirai, Koshigaya, JAPAN;<br>Hirotada Ueda, Kokubunji, JAPAN;   |   |                                  |   |                                       |                                |
| <b>** CONTINUING DATA *****</b>  |   |                                  |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-161642 06/06/2003   |   |                                  |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/07/2004</b>   |   |                                  |   |                                       |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>SP</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>14             | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Mattingly, Stanger & Malur, P.C.<br>1800 Diagonal Road, Suite 370<br>Alexandria, VA22314   |   |                                  |   |                                       |                                |
| <b>TITLE</b><br>Recording and reproducing system for image data with recording position information and a recording and reproducing method therefor  |   |                                  |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |